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# Rehabilitation Literature

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**Selected Abstracts of  
Current Publications of Interest  
to Workers with the Handicapped**

NATIONAL SOCIETY  
FOR CRIPPLED CHILDREN  
AND ADULTS



2023 W. Ogden Avenue • Chicago 12, Illinois

# The NATIONAL SOCIETY



*for*

## CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

### IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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Chicago 12, Illinois







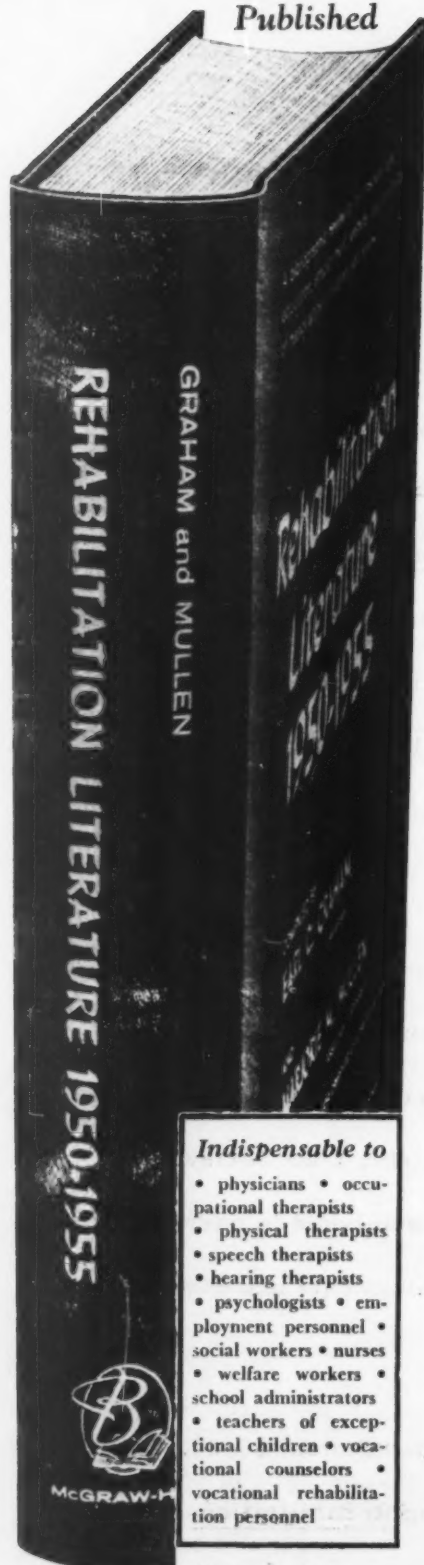
## ANNOUNCEMENT

With the January 1959 issue, Rehabilitation Literature, published monthly by the National Society for Crippled Children and Adults, Inc., appears in a new form with its contents expanded to give readers a broader service. As an interdisciplinary journal, Rehabilitation Literature will document and report on the advancement of knowledge and skills in the various areas of rehabilitation and, through the communication of ideas and recent developments, strive to encourage cooperative efforts among professional members of the rehabilitation team.

The presently offered abstracts of current publications of interest to workers with the handicapped has been retained. Other features include original review articles written by authorities in particular phases of rehabilitation activities, book reviews, digests of selected articles of significance published in current issues of other journals, and a section of comments and events of interest to the readers.

The yearly subscription rate is \$4.50, United States; \$5.00, other countries. Correspondence regarding Rehabilitation Literature should be addressed to the editor Earl C. Graham at the Society's new location, 2023 W. Ogden Ave., Chicago 12, Ill.

Just  
Published



**Indispensable to**

- physicians • occupational therapists
- physical therapists
- speech therapists
- hearing therapists
- psychologists • employment personnel
- social workers • nurses
- welfare workers
- school administrators
- teachers of exceptional children • vocational counselors
- vocational rehabilitation personnel

Presenting in one alphabetical listing by subject, the references published from January 1950 through December 1955—

# Rehabilitation Literature 1950-1955

by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian  
National Society for Crippled Children and Adults

HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

Brought together in this one volume are references both to different professional specialty areas and to rehabilitation in various disability areas. Thus, the book has entries under such diverse subjects as audiometric tests, cerebral palsy, nursery schools, brain injuries, psychotherapy, paraplegia, religion. All types of disabilities are covered in this volume including disorders of sight and hearing and orthopedic handicaps.

➔ **COMMENTS** on Rehabilitation Literature 1950-1955 from recognized authorities in various fields of rehabilitation.

LEONARD W. MAYO, Sc.D., Association for the Aid of Crippled Children—"... all the professions and disciplines identified with rehabilitation will find this publication indispensable."

FRANCIS E. LORD, Ph.D., Past President, International Council for Exceptional Children—"... an answer to the troublesome problem of locating the significant literature in professional problems."

FRANK H. KRUSEN, M.D., Mayo Foundation—"... should be on the desk of every rehabilitation worker."

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BEATRICE D. WADE, First Vice President, American Occupational Therapy Association—"... invaluable to students and

practicing personnel in all disciplines related to the field of rehabilitation..."

GUNNAR DYBWAD, Child Study Association of America—"... clearly indexed and annotated. An indispensable aid designed to save the practitioner, researcher, and teacher hours of searching."

M. ROBERT BARNETT, American Foundation for the Blind—"... an invaluable reference book of literature available in the field."

DELYTE W. MORRIS, Ph.D., President, Southern Illinois University—"A timesaver for the professional worker."

E. B. WHITTEN, National Rehabilitation Association—"... should be available to every rehabilitation student and professional worker who hopes to grow professionally..."

WILLIAM M. CRUICKSHANK, Ph.D., Director, Education for Exceptional Children, School of Education, Syracuse University—"... should appear in the libraries of all professional workers."

HELEN S. WILLARD, Director, Philadelphia School of Occupational Therapy, University of Pennsylvania—"... a most valuable reference source."

LUCILLE DANIELS, R.P.T., M.A., Director, Division of Physical Therapy, Stanford University—"... valuable to teachers, students and workers in all of the widespread areas of rehabilitation."

REHABILITATION LITERATURE 1950-1955, 621 pages, 7 x 10, author and subject index, \$13.00

THE BLAKISTON DIVISION, MCGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill Book Company, New York.

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#### AMPUTATION--EQUIPMENT

1275. Hennessy, Charles A., comp.

Maintenance and care of the prosthesis. Orthopedic & Prosthetic Appliance J. Sept., 1958. 12:3:41-42. Reprint.

An outline of methods to be used in the proper maintenance and care of the prosthesis and its various parts. When these rules are carefully observed, costly repairs and adjustments by the prosthetist can be avoided or kept to a minimum.

Reprints of the article are available from The Orthopedic Appliance and Limb Manufacturers Assn., 411 Associations Bldg., Washington 6, D.C.

#### AMPUTATION--PARENT EDUCATION

1276. Michigan Crippled Children Commission. Area Amputee Program

A guide for parents of child amputees, by John Steensma. Lansing, The Commission, c1958. 30 p. illus.

A pamphlet written to aid parents of children who must wear prostheses and who have been trained under a clinically supervised program. The writer is himself a double arm amputee serving as an instructor in the Area Amputee Program; he has drawn upon his own experience and training to offer parents information and advice on problems which will arise during the child's adjustment to wearing a prosthesis. He explains the mechanics of upper and lower extremity prostheses, the need for parents to refrain from overprotectiveness, how to promote proper use of the prosthesis, and the social aspects of adjustment. Proper care of the prosthesis is defined.

Available from Area Amputee Program, Michigan Crippled Children Commission, 920 Cherry St., S.E., Grand Rapids 6, Mich.

#### APHASIA--SPECIAL EDUCATION--MASSACHUSETTS

1277. Philbrick, William A. (Mass. Dept. of Education, 200 Newbury St., Boston, Mass.)

Implications of state legislation for aphasic children. Volta Rev. Oct., 1958. 60:8:428-430, 463.

Briefly reviews legislative provisions in Massachusetts for the education of exceptional children, the most recent of which is for aphasic children. Procedures for safeguarding the welfare of the child both in public and private schools under the law are explained. The problem of adequate safeguards for the child, the private school, and the state presents problems which should receive further attention.

## ARCHITECTURE

See 1343.

## ARTHRITIS--OCCUPATIONAL THERAPY

1278. Rowand, Elizabeth F. (Rehabilitation Unit, Univ. of Alberta Hosp., Edmonton, Alberta, Canada)

Restoration of hand function in rheumatoid arthritis. Canad. J. Occupational Ther. Sept., 1958. 25:3:79-84.

An outline of the steps in treatment of hand deformities resulting from rheumatoid arthritis, the purpose of which is to strengthen weakened muscles and correct muscle imbalances. Planned exercises and assistive devices are involved in the program which has resulted in some progress for even the most advanced cases of rheumatoid arthritis. The principles and practices described here have been used in the Occupational Therapy Dept. of the University of Alberta Hospital since 1953.

## ASPHYXIA

1279. Ernhart, Claire B. (Washington Univ. School of Med., St. Louis, Mo.)

The relationship of perinatal anoxia to intelligence and to neurological deviations in the preschool child, by Claire B. Ernhart, Frances K. Graham, and Don L. Thurston. St. Louis, Washington Univ. School of Med., 1958. (12) p. tabs. Mimeo.

A partial report on a research project being conducted at Washington University School of Medicine with the aid of a grant from the National Institute of Neurological Diseases and Blindness. Data from psychologic, psychometric, and neurologic examinations of children with a history of anoxia and of children in a control group strongly suggested that anoxia is associated with a slight reduction in intelligence among all subjects so traumatized rather than being a major source of damage in a small group of children. Thus, the authors reason, anoxia does not appear to be a major cause of retardation. Findings showed that children with histories of perinatal anoxia have lower scores on the Stanford-Binet Intelligence Scale and on a test of vocabulary skill than children of normal perinatal conditions. Anoxic subjects are also more likely to suffer neurologic deviations than are control subjects. It is emphasized, however, that only an association has been demonstrated, not a cause and effect relationship.

1280. Graham, Frances K. (Univ. of Wisconsin School of Medicine, Madison, Wis.)

A longitudinal study of the effects of perinatal anoxia. St. Louis, Washington Univ. School of Medicine, 1958. 7 p. Mimeo.

A partial report on a long-term study at Washington University School of Medicine to determine the possible effects of perinatal anoxia on subsequent development. General procedures of the study are described but results as yet have not been tabulated. Subjects entered the experiment at birth and are currently being reexamined at the age of 3. Tests include a neurologic examination, a standard intelligence test, and tests for special functions thought to be especially susceptible to impairment following brain injury. Most of the latter category may be described as perceptual-motor tasks. So far only a small number of children have shown gross defects; group differences, which are small, appear to be due to a general inferiority of the anoxic group as a whole rather than to a few extreme cases.



## AUDIOMETRIC TESTS

See 1295.

## AUDIO-VISUAL AIDS

1281. Viseur, Wilma Schneider

Auditory aids for the partially seeing. Sight-Saving Rev. Fall, 1958. 28:3:168-171.

A teacher of the partially seeing in the Decatur, Illinois, public schools describes how recordings are used successfully to enrich the curriculum for these children in areas where listening can be substituted for reading. Suggestions are given for building a record library; specific recordings for use in many classroom activities and learning situations are mentioned. The mechanics of cataloging the record library are discussed briefly and a listing of record and tape recording companies is included.

## BLIND--EQUIPMENT

1282. Richardson, Clarence V. (Ill. Braille and Sight-Saving School, 658 E. State St., Jacksonville, Ill.)

Aids for good mobility in the blind. Internatl. J. Educ. of the Blind. Oct., 1958. 8:1:1-11.

The author, blind since the age of 9, has been an instructor in "cane travel" at the Illinois Braille and Sight-Saving School since 1950. He describes types of canes used by the blind, the requirements for good travel aids, results of recent research in developing aids, and the psychologic and physiologic factors affecting good mobility.

## BLIND--SPECIAL EDUCATION

1283. Wolfe, Eldon (Mich. School for the Blind, Lansing 6, Mich.)

A work experience program. Internatl. J. Educ. of the Blind. Oct., 1958. 8:1:32-34.

Describes a program at Michigan School for the Blind which provides "work experience" and teaches manual skills to students not capable of carrying academic work at the high school level. In addition to furthering vocational interests and training of students, the program develops a sense of personal worth and self-confidence.

## BRACES

1284. Hirschberg, Gerald G. (Fairmount Hosp., 15400 Foothill Blvd., San Leandro, Calif.)

Use of hip abduction braces in adults; preliminary report. Arch. Phys. Med. and Rehab. Oct., 1958. 39:10:641-643.

Hip abduction appliances have extensive use in the treatment of congenital hip dislocation in infants and children but have not been used in adults since their use seemed impractical and uncomfortable for the older patient. Described here are two types of braces used to treat patients with hip adduction contracture or hip adductor spasticity. Patients with bilateral symmetrical hip adduction contracture showed greater improvement than those with unilateral hip adduction contracture. Patients with adductor spasticity had a marked decrease of spasticity and good functional improvement. Though uncomfortable, the brace is recommended as a useful adjunct in the treatment of such conditions.

## BRAIN INJURY--ETIOLOGY

See 1279;1280.

## CEREBRAL PALSY

See 1298.

## CEREBRAL PALSY--DIAGNOSIS

1285. Gingras, G. (6265 Hudson Rd., Montreal, Canada)

Twins and cerebral palsy; a combined study, by G. Gingras (and others). Acta Geneticae et Gemellologiae. Apr., 1958. 7:2:249-265. Reprint.

A report of a survey study conducted at the Rehabilitation Institute of Montreal over the past 7 years; subjects were three pairs of identical twins, one of whom in each pair had cerebral palsy. All were subjected to physiatrie, psychiatric, and psychologic evaluation and given tests involving activities of daily living. Psychologic and psychiatric evaluations of the parents were also made. Extensive medical, psychologic, and psychiatric conclusions are drawn. The co-twin method of investigation permits physiologic analyses of physical and mental development.

1286. Yannet, Herman (Southbury Training School, Southbury, Conn.)

Multiple handicaps in the cerebral palsied. J. Pediatrics. Nov., 1958. 53:5:639-644.

A brief review of the associated handicaps found in an appreciable number of cerebral palsied children--namely, mental retardation, convulsive seizures, basic personality defects, and language disabilities. Dr. Yannet, in discussing general management of multiple handicaps, points out the inadequacy of intelligence tests when used to estimate the intellectual capacity of cerebral palsied children. He urges that segregation of the cerebral palsied be limited to specific therapeutic needs and only for periods when therapy is necessary. Institutionalized children should be integrated into the program on the basis of their intellectual status rather than their motor handicap. In convulsive disorders, response to drug therapy in the cerebral palsied yields acceptable improvement in almost 70% of the patients. Suggestions are offered for community programs of an educational and social nature to aid in the social adjustment of children able to live at home. Success of treatment depends upon the effective integration of the necessary therapeutic procedures in the total rehabilitation program.

## CEREBRAL PALSY--ETIOLOGY

1287. Blumel, Johanna (School of Medicine, Univ of Texas, Galveston, Tex.)

Genetic factors pertaining to the etiology of cerebral palsy. Texas State J. Med. Apr., 1958. 54:4:248-251. Reprint.

The genetic processes, their possible relationships to disease and to cerebral palsy, in particular, and the necessity for complete cooperation between the various disciplines involved in the management of the cerebral palsied are discussed. More complete case recording will aid research into the genetic influence in cerebral palsy.

#### CEREBRAL PALSY--MEDICAL TREATMENT

1288. Baker, Lenox D. (Dept. of Surgery, Duke Univ. School of Med., Durham, N.C.)

Extra-articular arthrodesis of the subtalar joint (Grice procedure); results in seventeen patients with cerebral palsy, by Lenox D. Baker and Richard A. Dodelin. J. Am. Med. Assn. Oct. 25, 1958. 168:8:1005-1008.

An operative procedure giving satisfactory results in poliomyelitis has been used at the North Carolina Cerebral Palsy Hospital to enable cerebral palsy patients to ambulate, brace-free in many cases. In this series of patients, 11 of the 17 had not been walking; following the operation, 10 became free of both crutches and braces. Indications for operation, as described by Grice, the originator of the procedure, are discussed as well as experiences and results in this series. The present report is the first to report use of the procedure in cerebral palsy.

See also 1324.

#### CEREBRAL PALSY--PARENT EDUCATION

1289. British Council for the Welfare of Spastics

Parents' handbook; notes for parents on the home care of children handicapped by cerebral palsy. London, The Council, 1958. 24 p. illus.

A new and revised edition of a booklet, first published in 1949, bringing up to date information on the principles of sound management of the cerebral palsied child in the home. Discussed briefly are: the nature of the handicap and its treatment, suggestions for training and care of the child, use of special equipment (illustrations included), and attitudes of parents toward the handicapped child. Specific suggestions applicable to the management of athetoids and spastics are offered.

Distributed by the British Council for the Welfare of Spastics, 13 Suffolk St., Haymarket, London, S.W. 1, England, at 2s 6d (approx. 45¢) a copy.

1290. Call, Justin D. (Dept. of Psychiatry, Univ. of Calif. Med. School, Los Angeles 24, Calif.)

Psychological problems of the cerebral palsied child, his parents and siblings as revealed by dynamically oriented small group discussions with parents. Cerebral Palsy Rev. Sept.-Oct., 1958. 10:5:3-5, 11-15.

An experimental group activity which Dr. Call defines as lying about midway between educational group and group psychotherapy was employed with parents of cerebral palsied children attending nursery schools and development centers in Los Angeles County. This article goes into detail concerning the problems expressed in group meetings and the methods of group management.

The major psychologic problems appeared to stem from unconsciously-determined difficulty in perceiving the child's handicap and capabilities and problems in parent-child separation and dependency. Three areas for further research are suggested.

## CEREBRAL PALSY--SPEECH CORRECTION

1291. Smith, Jeanne K. (Dept. of Otolaryngology, University Hospitals, Iowa City, Iowa)

Effects of intermediate midbrain crurotomy on the speech of athetoid cerebral palsied patients, by Jeanne K. Smith and Russell Meyers. J. Speech and Hear. Disorders. Nov., 1958. 23:5:594-600.

A preliminary report of a study to determine the effect of midbrain crurotomy (pedunculotomy) on 15 cerebral palsied tension athetotic patients, 7 of whom underwent bilateral operation. In this latter group all exhibited generally improved speaking ability following the first operation. Only one patient in the group of seven showed additional general improvement following the second operation. As a whole, the group of 15 patients showed wide variability in changes of speech, with the greatest improvement following the first operation. Little or no improvement appeared to follow the second stage procedure. In one case wholesale regression was noted. Criteria for the selection of patients for operation are included; patients of this series were chosen because of their urgent need for relief of hyperkinesia and the possibility of socio-psychologic improvement.

## CHILDREN'S HOSPITALS

See 1336; 1340.

## CHRONIC DISEASE--PROGRAMS

1292. American Hospital Association (18 E. Division St., Chicago 10, Ill.)

Conference on the care of patients with long-term illness, sponsored by the... and the Public Health Service, Chicago... May 7-9, 1958. Chicago, The Assn., 1958. 32 p.

Representatives from general hospitals, chronic disease and nursing homes, homes for the aged, state hospital facilities, federal agencies, licensure programs, nursing and medical social work fields met to develop recommendations for a constructive program of care for patients with long-term illness in hospitals and related facilities. Possible types of activities suggested were research studies on all administrative aspects of programs, the development of guides for administration of services, and the development of a program of services by the American Hospital Association to institutions other than hospitals. The report summarizes conclusions of four discussion groups which considered these areas of service.

1293. Notkin, Herbert (140 W. Willow St., Syracuse 2, N. Y.)

The almshouse; chronic disease hospital of the future? Hospitals. Oct. 16, 1958. 32:20:45-47.

It is the author's belief that local governmental institutions traditionally known as almshouses or by some similar name are fast changing into chronic disease hospitals. Current characteristics of such institutions are discussed briefly to support his view. Based on current trends in the development of services for the chronically ill and on actual case histories of institutions, he predicts that in the future medical services will be available in inadequately equipped facilities where rehabilitation programs will be an integral part of the institution. Public chronic disease hospitals will be considered an integral part of the community, will accept more paying patients, and will provide more than sheltered care. Ideally, the chronic



#### CHRONIC DISEASE--PROGRAMS (continued)

disease hospital of the future will be located in close proximity to the general hospital to effect shared services and close working relationships between staffs of both institutions.

#### CLEFT PALATE--SPEECH CORRECTION

1294. Hahn, Elise (Univ. of Calif., Los Angeles 14, Calif.)

Speech therapy for the pre-school cleft palate child. J. Speech and Hear. Disorders. Nov., 1958. 23:5:605-609.

An article based on a paper given at the 1958 annual meeting of the American Association for Cleft Palate Rehabilitation, urging early speech training of the cleft palate child in the interest of preventing the maladjustment common to all children with delayed language development. As soon as the cleft lip is closed, the mother should receive instruction from the speech therapist on ways of helping the child up to the age of three. The speech therapist will work directly with the child who is between the ages of 3 and 5. Activities of particular value in training the very young child are discussed briefly. Dr. Hahn recommends that doctors be urged to refer mothers to the speech therapist at the earliest date possible. Therapists should be trained to advise mothers of young children on home care and training in development of speech and language.

#### CLINICS (ITINERANT)

1295. Grimm, William A. (Ohio Dept. of Health, Columbus, Ohio)

The Ohio Hearing Cruiser, by William A. Grimm and John J. O'Neill. J. Speech and Hear. Disorders. Nov., 1958. 23:5:620-623.

Describes a custom-built, modified interurban bus used by the staff of the Hearing Conservation Unit of the Ohio Dept. of Health to provide mobile audiologic testing services. Basic floor plans, details of construction, equipment and testing arrangements are discussed. Purposes of the mobile unit are explained.

#### CONGENITAL DEFECTS--ETIOLOGY

1296. Rubin, Alan (255 S. 17th St., Philadelphia 3, Pa.)

Studies in human reproduction; III. The frequency of congenital malformations in the offspring of nondiabetic and diabetic individuals, by Alan Rubin and Douglas P. Murphy. J. Pediatrics. Nov., 1958. 53:5:579-585.

The literature concerning incidence of congenital malformations and the possible influence of maternal diabetes mellitus in their production was reviewed. Factors influencing the reported incidence of congenital malformations in the general population were studied. It is suggested that the difficulties in establishing a malformation rate in the general population apply equally to ascertaining incidence of anomalies in infants born to diabetic women. The reported higher incidence rate of malformations in infants of this group loses much of its significance when certain factors are considered. Possible genetic influence of diabetic fathers on congenital malformations in their offspring was also studied.

#### DEAF-BLIND--SPECIAL EDUCATION

1297. Mitchell, Paul C. (999 Pelham Parkway, New York 67, N.Y.)

The education of Jack Boyer. Internatl. J. Educ. of the Blind. Oct., 1958. 8:1:11-17.

The education of a deaf-blind boy at the New York Institute for the Education of the Blind is recounted to illustrate the methods and continuing problems of teaching the child with no language and no mental concepts coupled with symbols. In this case the boy was totally blind and his deafness was both real and psychosomatic. His initial withdrawal and lack of interest made it impossible to converse with him by the spoken word with any degree of success. He proved to be, however, a brilliant student who is currently studying electronics at St. Thomas College in St. Paul.

#### DENTAL SERVICE

1298. O'Dwyer, Elizabeth M. (United Cerebral Palsy Assn. of Philadelphia, 1920 Chestnut St., Philadelphia 3, Pa.)

Problems of dental care for the cerebral palsied. Cerebral Palsy Rev. Sept.-Oct., 1958. 10:5:7-9.

As a group, the cerebral palsied suffer from poor mouth hygiene because less attention has been paid to this aspect of treatment. The Dental Clinic opened at Columbia University's School of Dental and Oral Surgery has brought to light many dental problems encountered in providing services for the cerebral palsied. The writer discusses conditions occurring in these children which urgently require periodontal care and urges that the dentist be considered an essential member of the rehabilitation team.

#### DIABETES

See 1296.

#### DIABETES--EMPLOYMENT

1299. American Diabetes Association (1 E. 45th St., New York 17, N.Y.)

Employment of diabetics; analysis of a survey concerning employment of diabetics in some major industries. Indust. Med. and Surg. Oct., 1958. 27:10:524-528. Reprint.

Reprinted from: Diabetes. Nov.-Dec., 1957. 6:6:551-554.

Findings of a survey conducted by the Committee on Employment of the American Diabetes Assn. revealed an enlightened attitude on the part of business and industrial firms in regard to employment of diabetics, when total results are taken into consideration. Replies from 127 companies, ranging in size from small businesses to major concerns, indicated differences in the employment of known diabetics and their management when the condition occurs to employees already working. The latter part of the article consists of a statement by the Committee on Unemployment setting up criteria as a generalized guide for the employment of diabetics.

#### EMPLOYMENT

1300. Minnesota. University. Industrial Relations Center

Minnesota studies in vocational rehabilitation. Minneapolis, The Center 1958. 2 pts.

## EMPLOYMENT (continued)

Contents: I. Research plan and bibliography, Rene V. Dawis (and others). 24 p. (Bul. 21, June, 1958). -II. A study of referral information, David T. Hakes (and others). 31 p. tabs. (Bul. 22, July, 1958).

The first two reports of a series of studies dealing with employment problems of vocationally handicapped persons being conducted by the Industrial Relations Center. Future research plans will include an experimental study of the comparative effectiveness of several placement procedures. Staff members also plan to conduct a community survey of the physically handicapped and the extent and nature of their employment problems. Bulletin 21 is a preliminary report of the general plan of research and contains, as well, an annotated bibliography of 61 articles selected as illustrative of evaluation studies assessing total programs of vocational rehabilitation. Bulletin 22 reports findings of a study of the communication problems arising from the referral by vocational rehabilitation counselors to the placement specialists of physically handicapped persons who have completed training. It is hoped that the discussion given here will lead to an improved standardized referral form mutually acceptable to both groups of workers.

Available from Industrial Relations Center, University of Minnesota, Minneapolis 14, Minn., as long as the present supply lasts.

## EMPLOYMENT (INDUSTRIAL)--NEW YORK

### 1301. Abilities, Inc. Human Resources Corporation

Abilities, Inc., medical research program, by Alvin Slipyan. Albertson, N. Y., The Corp., 1958. 26 p. tabs. (Human Resources study no. 1)

A report of the medical histories and changes discovered through periodic physical evaluation of disabled workers at Abilities, Inc., studied to determine the effect of employment on the worker's disability. The opportunity of studying the disabled at work in a competitive, highly mechanized industry is unique. This report and subsequent ones to be published should be of great interest to physicians, psychologists, sociologists, and technical workers in the field of rehabilitation and related areas. Information on the classification of employees according to disability and data from a detailed study of employed cardiacs are given in this report. Other papers in the series will deal with psychologic and sociologic experiences, methods engineering, safety, insurance, and other aspects of industrial experience with disabled employees of Abilities, Inc.

Available from Human Resources Corp., Div. of Abilities, Inc., Albertson, N. Y., at \$1.00 a copy.

### 1302. Abilities, Inc. Human Resources Corporation (Albertson, N. Y.)

The disabled workers at Abilities, Inc.; a study of some of their characteristics, by Harold E. Yucker, Eugene J. Taylor, and Henry Viscardi, Jr. Albertson, N. Y., The Corp., 1958. 24 p. tabs. (Human Resources study no. 2) \$1.00.

Presents data from a questionnaire survey of disabled workers at Abilities, Inc., on mode of transportation employed by workers in reaching the job, their disability status as reported by workers and physician respectively; previous work experience, and personal information covering age, marital status, living accommodations, and personal possessions. Findings tend to contradict some stereotyped views in regard to the disabled and their ability to lead "normal" lives.

## EMPLOYMENT (INDUSTRIAL)--PLACEMENT

1303. Employment Security Rev. Oct., 1958. 25:10.

Title of issue: The Employment Service in an expanding economy, 1953-1958.

This article continues the history of the Public Employment Service System and covers the 5-year period from 1953 to 1958. (History of the first 20 years of the Employment Service appeared in the June, 1953 issue of Employment Security Rev.) A section is devoted to programs within the Service for special applicant groups, among which are the physically handicapped. Substantial annual increases in the numbers of handicapped applicants placed indicate the progress in this program. Also of interest is a section discussing research in aptitude testing, occupational analysis, counseling, job opportunities information, and administrative procedures of the total program.

Single copies of this issue available from U.S. Superintendent of Documents, Washington 25, D.C., at 20¢.

1304. Flax, Herman J. (Professional Bldg., Suite 301, Santurce 34, Puerto Rico)  
Vocational rehabilitation and selective placement of disabled workers.  
Industrial Med. and Surg. Oct., 1958. 27:10:510-512.

Discusses the ideal vocational rehabilitation program which should be carried out with disabled workers to assure their return to productivity. The responsibilities of various members of the rehabilitation team are considered in regard to total needs of the patient.

## EPILEPSY

1305. Chao, Dora Hsi-Chih (Blue Bird Clinic, Methodist Hospital, Houston, Texas)  
The over-all management of the epileptic child. Med. Clinics N. Am.  
Mar., 1958. 42:2:461-473. Reprint.

General and specific principles to be observed in the use of drug therapy for the epileptic child are discussed in detail; tables included indicate dosage, type of preparation, toxicity, and cost of drugs. Management of the single seizure, means of helping the parents and child adjust to the child's illness, attitudes commonly encountered in parents, and special problems in rehabilitation of the epileptic child are covered. Preventive aspects of epilepsy are mentioned briefly.

1306. Crawley, James W. (1200 M.D. Anderson Blvd., Houston 25, Tex.)  
The over-all management of the adult epileptic. Med. Clinics N. Am.  
Mar., 1958. 42:3:317-326. Reprint.

A review of the drug management of the adult epileptic with a discussion of criteria for beginning therapy and duration of drug treatment. General factors in management and the psychologic complications of treatment are an important consideration in over-all management of these patients. Status epilepticus is noted as a medical emergency demanding prompt treatment if the patient's life is to be saved and irreversible damage prevented.

1307. Symposium on the clinical significance of epileptic seizures. Proc., Staff Meetings Mayo Clinic. Oct. 1, 1958. 33:20:467-496.  
Entire issue devoted to the Symposium.

Contents: Introduction: Diagnostic tests, social adjustment, and classification, Donald W. Mulder. -Petit mal and grand mal, Robert E. Yoss.-



## EPILEPSY (continued)

Focal seizures, David D. Daly. -Etiologic aspects of epileptic seizures, atrophic lesions, febrile states, and metabolic disorders, Joseph G. Rushton. - Epileptic seizures associated with mass intracranial lesions, Henry W. Dodge, Jr.

See also 1360;1361.

## EXERCISE

1308. Wellock, Lois M. (211 E. Delaware Pl., Chicago 11, Ill.)

Development of bilateral muscle strength through ipsilateral exercise. Phys. Therapy Rev. Oct., 1958. 38:10:671-675.

Reports results of an experiment in cross education to develop muscle strength. In this study the term refers to the process of increasing muscular strength in other muscle groups through manually applied graded resistance exercises for the right knee flexors. The literature is reviewed and findings of the study discussed. It was found that muscular strength increased in the exercised muscles and, through cross education, in the ipsilateral antagonists and the contralateral knee flexors and extensors. A control group which received no special training showed no statistically significant increase in muscle strength of any of the four muscle groups under study.

## HAND

1309. Kelikian, H. (30 N. Michigan Ave., Chicago 2, Ill.)

The crippled hand. (20) p. illus. Reprint.

In: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J.W. Edwards, 1957. Vol XIV, p. 163-182.

A discussion of congenital deformities of the hand, as well as deformities caused mainly by injury and infection and their associated defects. Restorative surgical procedures are described which illustrate principles of hand surgery designed to produce functional usefulness and improve the appearance of the hand. Extensively illustrated.

1310. Lipscomb, Paul R. (200 First St., S.W., Rochester, Minn)

Tendon transfers to restore function of hands in tetraplegia, especially after fracture-dislocation of the sixth cervical vertebra on the seventh, by Paul R. Lipscomb, Earl C. Elkins, and Edward D. Henderson. J. Bone and Joint Surg. Oct., 1958. 40-A:5:1071-1080.

Describes technics of a two-stage surgical transfer of tendons in the upper extremity to restore active extension and flexion of all digits of the hand, to correct clawing, and to restore opposition of the thumb. Such tendon transfers utilize the function of automatic motion of the fingers that accompanies movement of the wrist. It is stressed that arthrodesis of the wrist, rarely, if ever, should be done in patients who have tetraplegia. Patients treated with this technic regain the function of hooking, light pinching, and grasping and are able to discard special hand appliances.

See also 1278.

## HARD OF HEARING--INSTITUTIONS--DIRECTORIES

See 1352.

#### HIP--DISLOCATION

See 1284.

#### HOSPITALS

See 1329.

#### MENTAL DEFECTIVES--NEW JERSEY

1311. Kott, Maurice G. (Dept. of Institutions and Agencies, State Office Bldg., Trenton 25, N.J.)

Departmental long-range planning; the field of mental deficiency. Welfare Reporter, N.J. State Dept. of Institutions and Agencies. Oct., 1958. 9:4:147-158.

Sketches briefly the background of the New Jersey State program for the mentally retarded, various factors affecting its future development, needs to be met in strengthening the existing program, and anticipated developments to be considered in program planning. Some statistical data on the requirements for improved facilities and their cost, for administrative development, and for expanded programming are included.

#### MENTAL DEFECTIVES--INSTITUTIONS--GREAT BRITAIN

1312. Brandon, M. W.G. (Fountain Hospital, London, England)

A survey of 100 consecutive children awaiting admission to a mental deficiency hospital, by M.W.G. Brandon and M.F. Craib. Brit. Med. J. Sept. 27, 1958. 5099:790-792.

Findings of a survey of young mental defectives awaiting admission to Fountain Hospital, London, are presented. Its purpose was to assess the social and psychologic problems associated with such children and factors precipitating request for admission. Children, it was found, could be classified in four categories--the disturbed, idiots, mongols and imbeciles. Statistics are given on IQ and age, number of children coming from normal and abnormal homes, and factors precipitating request for admission. Children were from both rural and urban areas.

#### MENTAL DEFECTIVES--PROGRAMS

1313. Holt, K.S. (Children's Hospital, Western Bank, Sheffield 10, England)

The home care of severely retarded children. Pediatrics. Oct., 1958 22:4(Pt. I): 744-755.

A quite detailed report of the practical and emotional problems revealed in a study of 201 families with mentally retarded children in Sheffield, England. Families were chosen for study solely on the fact that they had a retarded child, in order that observations would give a true picture of the incidence of various disturbances. Main problems of a practical nature in the home care of the mentally retarded were related to nursing care, constant supervision, frequent attention needed at night, and the resulting exhaustion of the parents, especially the mother. Normal siblings suffered physical attacks from the mentally retarded child and physical strain from the extra work with which they were expected to help. Emotional reactions of both the parents and the siblings are discussed; in 63% of the families emotional factors led to social isolation. Suggestions are made for reducing problems associated with home care of such children through parent counseling, attention to needs for practical help, and through removal of the stigma against mental defect.

#### MENTAL DEFECTIVES--RECREATION

1314. Braaten, June (48 Deepwood Crescent, Don Mills, Ontario, Canada)

Is recreation for everyone? Recreation, Oct., 1958. 51:8:274-276.

Describes activities of several pilot projects undertaken by The Ontario Assn. for Retarded Children to provide for recreational needs of the mentally retarded. Cooperation with local service groups resulted in a successful swimming program in Toronto. Community committees in other localities have organized a summer playground program, classes in square dancing for young severely retarded adults, Scouting activities, and a residence camp for seriously retarded children. A bibliography accompanying the article lists reports available for those wishing further information on these projects.

#### MENTAL DEFECTIVES--SPECIAL EDUCATION--PERSONNEL

1315. Crowner, James (Michigan State University, E. Lansing, Mich.)

Certifying teachers of the mentally retarded. Mich. Educ. J. Nov. 1, 1958. 36:5:124-125, 138.

The growing demand for special education teachers for the mentally retarded in Michigan prompted the writer to set forth the requirements and procedures to be followed in securing temporary or regular certification in this field. Types of preparation demanded for temporary certification in Michigan are listed, as well as course requirements for regular certification. Three types of school programs for this group of exceptional children, as defined by state law, are mentioned briefly.

#### MENTAL DISEASE--EMPLOYMENT

1316. Isaacson, John (Spring Grove State Hospital, Catonsville, Md.)

From sitter to citizen; a project of vocational and social rehabilitation. Mental Hygiene, Oct., 1958. 42:4:538-543.

Describes a vocational training program established at Spring Grove State Hospital (Maryland) as part of its foster care program. Originally planned as an experiment the program has proved so profitable from the vocational and social standpoint that it is now, after two years in operation, a permanent part of foster care services. The project demonstrates that the long-hospitalized and severely mentally handicapped can be rehabilitated. One point of interest is the fact that not one of the 23 patients enrolled in the project over the past two years was on chemotherapy.

#### MENTAL DISEASE--MEDICAL TREATMENT

1317. Kurland, Albert A. (Spring Grove State Hospital, Catonsville, Md.)

Evaluation of ataractic drugs in the psychiatric treatment of state hospital patients. Mental Hygiene, Oct., 1958. 42:4:530-537.

A paper presented at the 1957 annual meeting of the American Psychological Assn. by the director of medical research at Spring Grove State Hospital, Maryland. Clinical studies concerned with the effectiveness of tranquilizing drugs on the psychotic reactions of patients with mental disease are reviewed. Effects of various types of therapies on hospitalized chronic psychiatric patients are judged. Problems arising in this area of research are mentioned, as well as possible trends in research and the methodology used.

#### MULTIPLE HANDICAPS

See 1286.

## MULTIPLE SCLEROSIS

1318. Lawyer, Tiffany, Jr. (Montefiore Hosp., 210th St. & Bainbridge Ave., New York 67, N. Y.)

Multiple sclerosis. Med. Clinics N. Am. May, 1958. 42:3:651-658. Reprint.

A review of the etiology, pathology, symptoms and physical findings in multiple sclerosis, problems in diagnosis, treatment, and general management. Dr. Lawyer notes that the multiple sclerosis patient often reveals a history of previous neurologic symptoms and shows signs of disseminated neural lesions on examination. The cause of the disease is, at present, unknown and treatment is limited to amelioration of symptoms and complications of the disease.

## MUSCLES--TESTS

1319. Erdman, William J., II. (3600 Spruce St., Philadelphia 4, Pa.)

A method for the quantitative measurement of spasticity and its response to therapy, by William J. Erdman, II and Arthur J. Heather. Arch. Phys. Med. and Rehab. Oct., 1958. 39:10:630-633.

Describes an objective method for the measurement and recording of muscle tension and electrical potential of the muscle in response to a mechanical stimulus of known magnitude. Results of studies of various antispastic compounds will be reported in later publications. In the present studies, patients were tested before drugs were administered and at frequent intervals as dosage was increased or given in combination with other drugs.

## MUSCULAR DYSTROPHY

1320. Muscular Dystrophy Associations of America

Progressive muscular dystrophy; diagnosis and problems of rehabilitation, by Chester A. Swinyard, George G. Deaver, and Leon Greenspan. New York, The Assns., 1958. 32 p. figs.

A discussion of anatomic and prognostic differences in the several clinical types of progressive muscular dystrophy and the objectives of a rehabilitation program for these patients. Research findings are reported and hereditary considerations in the disease examined. Clinical types of muscular dystrophy are defined, with a number of neurologic and metabolic diseases sometimes confused with progressive muscular dystrophy described briefly. In discussing the rehabilitation program, the authors include descriptions of mechanical assistive devices useful in the management of patients. Bibliography of 117 references.

Available from Muscular Dystrophy Assns. of America, 1790 Broadway, New York 19, N. Y.

## MUSIC THERAPY

1321. Murphy, Albert T. (322 Bay State Rd., Boston 15, Mass.)

Music therapy for the speech-handicapped, by Albert T. Murphy and Ruth Fitz Simons. Elementary School J. Oct., 1958. 59:1:39-45.

Use of music therapy in the treatment of the speech handicapped had not been seriously explored until a pilot project combining both music and speech therapies was begun by the authors in 1956. Children under treatment at the Boston University Speech and Hearing Center all talked more following such therapy and showed considerable improvement in intelligibility, inflection, and



#### MUSIC THERAPY (continued)

spontaneity of their speech. Activities employed followed the principles of client-centered play therapy and were always presented as games rather than drills. A description of various types of activities is included. Suggestions are made for the use of music technics by the regular classroom teacher during the music class.

#### NEPHROSIS

1322. Lange, Kurt (1 E. 105th St., New York 29, N. Y.)

Prolonged intermittent steroid therapy for nephrosis in children and adults, by Kurt Lange, Edward Wasserman, and Lawrence B. Slobody. J. Am. Med. Assn. Sept. 27, 1958. 168:4:377-381.

Response of a group of patients (35 children and 11 adults) with nephrosis to a specific regimen of intermittent steroid therapy for a prolonged period is reported. Results showed mortality of the treated group was reduced from an expected 12.8 deaths to one. These patients have also been able to carry out normal activities of daily living. Growth and development were not impaired during or following prolonged intermittent steroid therapy. Other regimens, especially those with smaller hormone dosages, have not led to equally favorable results. The current method is recommended for all patients with nephrosis.

#### NEUROLOGY

1323. Cooper, Irving S. (50 Sutton Pl., South, New York, N. Y.)

Chemopallidectomy and chemothalamectomy, by Irving S. Cooper and Gonzalo Bravo. J. Neurosurg. May, 1958. 15:3:244-250. Reprint.

Criteria by which the effectiveness of chemopallidectomy was judged are listed; the authors have found that the technic, as performed at St. Barnabas Hospital, New York, successfully fulfills each of 6 points mentioned. This report describes the current procedure, noting results not only in cases of tremor and rigidity of parkinsonism, but also in cases of disorders of involuntary movement in children such as dystonia musculorum deformans, choreo-athetosis, and hemiballism. Good results have been obtained consistently with a low incidence of complications. The authors believe the method can now be employed as a routine neurosurgical procedure in meticulously selected cases of extrapyramidal disorders.

1324. Fay, Temple (4304 Elbow Lane, Philadelphia 19, Pa.)

Neuromuscular reflex therapy for spastic disorders. J. Fla. Med. Assn. May, 1958. 44:11:1234-1240. Reprint.

Dr. Fay considers the present and more modern concept of neurology which offers a dynamic form of therapy based on recognition of the crude power potentials existing in the lower centers of the brain stem and spinal cord. Implications of the concept in training the spastic patient are discussed. Dr. Fay suggests that the neurologist may find through the intrinsic and simple, as well as the highly organized, neuromuscular reflex mechanisms, the clue to many helpful features that can assist the patient to express a wider degree of function and independence.

NEUROLOGY (continued)

1325. J. Chronic Diseases. Oct., 1958. 8:4.

Entire issue devoted to a symposium on neurologic diseases.

Contents: Introduction to Symposium on Neurologic Diseases, H. Houston Merritt. -Descriptive epidemiology of selected neurologic and myopathic disorders, with particular reference to a survey in Rochester, Minnesota, Leonard T. Kurland. -Cerebrovascular diseases: pathophysiology, diagnosis, and treatment, C. Miller Fisher. -Epilepsy, James F. Hammill. -Multiple sclerosis, George A. Schumacher. -Parkinson's disease, Robert S. Schwab and Albert C. England. -Muscular dystrophies, polymyositis, and other myopathies, Lewis P. Rowland. -Myasthenia gravis, David Grob.

Because significant advances have been made in the pathogenesis of a number of neurologic diseases, the Journal has chosen to present the current status of some which are the subject of active investigation.

1326. Paxton, Harold D. (833 S. W. 11th Ave., Portland 5, Ore.)

Two years' experience with chemopallidectomy, by Harold D. Paxton and Robert S. Dow. J. Am. Med. Assn. Oct. 11, 1958. 168:6:755-757.

Describes results in 53 patients subjected to chemopallidectomy for dystonia of basal ganglion origin. The method developed by Dr. Irving S. Cooper was used with some modifications which are described. In this series of procedures there was a change in the requirements for operability in parkinsonism. It is presently recommended that the procedure should be performed when the patient loses social compensation. With patients of advanced age and with far-advanced arteriosclerosis and periarticular fibrosis, experience has been disappointing. Far-advanced impairment of vocalization and swallowing also contraindicate the procedure. Mortality in the series was 4%; a 2% hemiplegic rate resulted also. Considerable reduction in plastic rigidity and tremor of parkinsonism was afforded but other components of the syndrome were not improved. In the treatment of dystonia musculorum deformans and acquired choreiform movements, good results were obtained. The procedure was of no value in congenital athetosis and spasmodic torticollis.

See also 1291; 1331.

OCCUPATIONAL THERAPY--PERSONNEL

1327. American Occupational Therapy Association (250 W. 57th St., New York 19, N. Y.)

The recognition of occupational therapy assistants. Am. J. Occupational Ther. Sept.-Oct., 1958. 12:5:269-275.

A report containing the recommendations of the Committee on Recognition of Occupational Therapy Assistants, outlining requirements for an acceptable training program for assistants and a guide for its administration. Through well-planned inservice programs developed by registered occupational therapists, it is hoped that shortages of trained personnel can be somewhat alleviated.

#### OLD AGE--BIBLIOGRAPHY

1328. U. S. Office of Education

Education on the aging; a selected annotated bibliography, by Betty Arnett Ward. Washington, D.C., Gov't. Print. Off., 1958. 145 p. (Bul. 1958, no. 11)

Titles chosen for inclusion relate directly or indirectly to educational programs and activities designed primarily for the development of skills, knowledge, habits, or attitudes helpful and necessary for purposeful living in older adults. Activities of a purely social and recreational nature or for the purpose of producing goods are not included. Sections cover physiologic and psychologic aspects of aging, socioeconomic aspects, school and community programs of education, surveys and research activities, information valuable in professional leadership development, references for lay leaders and volunteers, and lists of organizations working in behalf of the aging. The bibliography should be a useful reference source for all those in the rehabilitation field who work with older age groups.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 60¢ a copy.

#### OLD AGE--MEDICAL TREATMENT

1329. Droller, H. (St. James Hospital, Leeds, England)

A geriatric outpatient department. Lancet, Oct. 4, 1958. 7049:739-741.

Describes experiences of an outpatient clinic at St. James Hospital, Leeds, for supervision of the aged discharged from the hospital and for rehabilitation of the physically handicapped. In addition to medical and physical rehabilitation services, attention is given to social retraining so that patients may be more readily integrated into the home and community. The program has been especially helpful to hemiplegic patients. The scheme has justified itself in a saving of hospital beds and in the reduction of long-term hospital care. Costs of such a department are discussed.

1330. Symposium on aging. N. Carolina Med. J. Sept., 1958. 19:9:337-354.

Contents: The aging process; pathology and management, Leon P. Andrews and Kerr L. White. -Arthritis in the aged, Ernest Yount. -Some aspects of surgery in the aged, Edward H. Camp. -Home care of the aged and chronically ill, E. Ted Chandler. -Some aspects of mental health and illness in the aged, Claude R. Nichols.

A symposium presented before the Section on the General Practice of Medicine, Medical Society of the State of North Carolina, in May, 1958.

#### OLD AGE--RECREATION

See 1362.

#### PARALYSIS AGITANS--EMPLOYMENT

1331. Riklan, Manuel (St. Barnabas Hospital, 183rd St. & Third Ave., Bronx 57, N. Y.)

Vocational status following chemopallidectomy and thalamectomy for parkinsonism: I. The problem and initial findings, by Manuel Riklan (and others). Arch. Phys. Med. and Rehab. Oct., 1958. 39:10:634-641.

#### PARALYSIS AGITANS--EMPLOYMENT (continued)

Formerly the pessimistic prognosis in parkinsonism discouraged vocational rehabilitation efforts in behalf of these patients. Due to recent surgical advances in treatment of the disease, vocational prospects are more favorable. To illustrate the progress in vocational rehabilitation of patients postoperatively, results of a long-range follow-up study are discussed, together with 6 case histories. Postoperative vocational evaluation, counseling, and referral were utilized to aid the patient returning to work. Suggestions for the counselor working with parkinson patients will aid the vocational or rehabilitation worker.

#### PARALYSIS AGITANS--MEDICAL TREATMENT

1332. Doshay, Lewis J. (710 W. 168th St., New York 32, N. Y.)

Medicinal therapy of parkinson's disease. Miss. Valley Med. J. May, 1958. 80:3:147-152.

Because parkinson's disease has been estimated to be the third most common chronic ailment causing total disability, comprehensive treatment of the patient and his symptoms is vital. Dr. Doshay tabulates standard drugs used in treatment, their standard dosages, indications for use, and possible side reactions. Favorable aspects of the disease should be emphasized by the physician advising the patient. Management of side reactions and the hopefulness of future treatment are discussed.

1333. Magee, Kenneth R. (School of Med., University of Michigan, Ann Arbor, Mich.)

The treatment of parkinsonism. G.P. Oct., 1958. 18:4:139-147.

A general review article on the history of parkinsonism, clinical criteria for its diagnosis, the relatively scant knowledge concerning the underlying patho-physiology, and a simple program of therapy easily followed to give the best possible relief. Since all forms of parkinsonism are chronic, the individual course cannot usually be predicted. The general practitioner, in his close association with the patient and his family, is in a position to understand the patient's personal problems and treat them more satisfactorily.

See also 1323; 1326.

#### PARAPLEGIA--MEDICAL TREATMENT

1334. Comarr, A. Estin (V. A. Hospital, Long Beach, Calif.)

Differential diagnosis of high fevers peculiar to spinal cord injury patients. J. Indian Med. Profession. July, 1958. 5:4:3-4. Reprint.

Dr. Comarr discusses the more prominent causes of high fever peculiar to patients with spinal cord injury. The majority of such fevers fall within one or more of 9 categories which are described briefly. Complete physical and laboratory examinations are necessary to arrive at the differential diagnosis since these patients are also subject to high fevers found in the non-spinal cord injury patient.



PARAPLEGIA--MEDICAL TREATMENT (continued)

1335. Hodgson, Norman B. (208 E. Wisconsin Ave., Milwaukee, Wis.)

Studies of the nature of paroxysmal hypertension in paraplegics, by Norman B. Hodgson and James A. Wood. J. Urology. Apr., 1958. 79: 4:719-721. Reprint.

A report of a study to determine the parts played by the sympathetic nervous system and the adrenals in the production of paroxysmal hypertension. Renal hemodynamics were also investigated in one patient who underwent urinary ileostomy. Results were in accord with those of previous investigators; the sympathetic nervous system was found to play the primary role in production and maintenance of paroxysmal hypertension in paraplegics. The adrenals apparently do not participate in the hyperactive autonomic response. Kidney function studies indirectly demonstrate the vasoconstriction of renal vessels during the hypertensive period.

See also 1310; 1323; 1324; 1325; 1326.

PARTIALLY SIGHTED

See 1337.

PARTIALLY SIGHTED -- SPECIAL EDUCATION

See 1281.

PEDIATRICS

1336. Ross Laboratories (Columbus 16, Ohio)

The nonoperative aspects of pediatric surgery. Columbus, Ohio, The Laboratories, c1958. 95 p.

Report of the Twenty-seventh Ross Pediatric Research Conference, November 14-16, 1957.

Nonoperative aspects of pediatric surgery were discussed at the most recent Ross Pediatric Research Conference. The subject is particularly timely since many recent studies have been conducted on the emotional reactions of children to hospitalization, the parents' role in the child's adjustment, and current trends in pre-and postoperative management. Post-operative complications encountered in pediatric surgery and the physiologic response of the child to surgery are covered, as well as the control of nosocomial infections in children's hospitals. The Conference was held under the auspices of the Division of Pediatric Surgery, in conjunction with the Departments of Pediatrics and Anesthesiology, of Ohio State University.

PHYSICAL EXAMINATION

1337. American Medical Association. Committee on Medical Rating of Physical Impairment.

Guides to the evaluation of permanent impairment; the visual system. J. Am. Med. Assn. Sept. 27, 1958. 168:4:475-488. Reprint.

One of the many guides planned by the Committee on Medical Rating of Physical Impairment to aid physicians in their responsibilities where evaluation of permanent disability is concerned. It is hoped that this series of reports will help to clear up the confusion in regard to terms generally used

#### PHYSICAL EXAMINATION (continued)

and offer criteria for such evaluation of various body parts and systems. To date the current report and one issued previously on the extremities and the back are available. (See Rehab. Lit., Apr., 1958. #439) A distinction is made between permanent "disability" and permanent "impairment"; the evaluation of the latter is a function which physicians alone are competent to perform. All the guides will be reviewed periodically to insure their continuing value as advances in medicine occur.

Reprints are available on request to the Committee on Medical Rating of Physical Impairment, American Medical Assn., 535 N. Dearborn St., Chicago 10, Ill.

1338. Price, Arthur B. (Div. of Disability Operations, U.S. Social Security Admin., Baltimore, Md.)

The doctor's role in disability evaluation. G.P. Oct., 1958. 18:4: 108-113.

Determination of disability under the Social Security program (which now protects the future benefits of disabled workers) is in most cases medically proven. In some cases, however, medical evidence alone does not show clearly that the individual is disabled in the sense defined by law. The reporting physician can fulfill his responsibility to the disabled patient by furnishing a medical report that provides full and objective clinical evidence of the patient's condition. A National Medical Advisory Committee has helped to set up guides containing clinical descriptions of disabling conditions which will aid the physician in the evaluation of disability. The author outlines steps in determining the remaining mental and physical capacities of the disabled.

#### PHYSICAL MEDICINE

1339. Blau, Leslie (200 Court St., Binghamton, N. Y.)

Therapeutic contributions of the doctor of physical medicine; application in the clinical practice of medicine. J. Am. Med. Assn. Nov. 1, 1958. 168:9:1217-1220.

Factors influencing the achievement of therapeutic goals in rehabilitation are considered. All physicians should be aware of the physiatrist's contributions to total treatment of the patient and the necessity for employing modern clinical methods to insure satisfactory results. In successful therapy the proper modality of treatment, the mode of its administration, proper dosage, and the proper psychiatric approach to the patient by all members of the team are employed. Two case histories illustrate how physical therapy based on correct diagnosis can relieve the physical condition and rehabilitate the patient, especially when psychologic factors are also considered in treatment.

#### PLAY THERAPY

1340. Erickson, Florence H.

Play interviews for four-year-old hospitalized children. Lafayette, Ind., Child Development Publications, 1958. 77 p. tabs. (Monographs of the Soc. for Research in Child Development, 1958. 23:69:3)

### PLAY THERAPY (continued)

Although previous studies have investigated the traumatic effects of hospitalization and the value of play therapy in assisting children to reveal and cope with their emotional problems, none has dealt with the reactions of hospitalized children to intrusive procedures. The literature to date in both areas of research is reviewed. Methods employed in non-directive play interviews in the present study are described. Marked differences were observed in the degree of activity during play interviews of hospitalized children and those who had not experienced hospitalization. Findings of the study are summarized and recommendations offered for ways to decrease traumatic emotional reactions to hospitalization. Two sample play interviews are given in the appendix.

Available from Child Development Publications, Society for Research in Child Development, Purdue University, Lafayette, Ind., at \$2.50 a copy.

### POLIOMYELITIS--PHYSICAL THERAPY

1341. Hoskins, Joan I. (School of Physiotherapy, Withington Hosp., Manchester, England)

Re-education of movement; facilitation techniques in the treatment of poliomyelitis. *Physiotherapy*. Oct., 1958. 44:10:277-281.

The third of four articles concerned with the use of facilitation technics in the reeducation of weak muscles. Discusses choice of movement patterns in treatment, choice of technics, basic principles applying in all treatments of this type, and suggestions for additional activities to build up endurance and increase general mobility. A brief synopsis of the progress of 3 patients treated by this method is included. Results following use of facilitation technics in the treatment of poliomyelitis have been impressive. Patients react favorably and find the patterns much easier to learn than would be expected.

See also 1350.

### PSYCHOLOGY

See 1358; 1363.

### PUBLISHING

1342. Wisconsin Occupational Therapy Association

Medical writing; three lectures presented at the 1958 seminar sponsored by the . . . n. p., The Assn., 1958. 38 p. Mimeo.

Contents: Mechanics of professional writing, Lucie Spence Murphy. - Record writing, G. Margaret Gleave. - What to write, Morris Fishbein.

Lectures given by the Editor of the American Journal of Occupational Therapy, the Executive Director of the Curative Workshop of Racine (Wis.), and a former editor of the Journal of the American Medical Association covered principles of scientific writing, the preparation of material in interesting and readable style, methods for maintaining professional quality of writing, record keeping and its legal aspects, the mechanics of record writing, and organization of material for manuscripts.

Available from Curative Workshop of Racine, Sheltered Workshop, Division, 2335 Northwestern Ave., Racine, Wis., at \$1.25 a copy.

#### RECREATION--NEW YORK

1343. Schnur, Sandra, comp.

Guide to enjoyment for the handicapped in New York City. Bronx, N. Y., The Compiler (1958). 31 p.

A directory of recreational facilities in the New York City area which do not present architectural barriers to the handicapped. Included are restaurants, movie theaters, museums, art galleries, auditoriums, parks, sports areas, churches, opportunities for boat rides and shopping. Organizations for the handicapped in the area are also given. Information under each entry covers address, telephone number, steps to be negotiated (if any), how to secure assistance where needed, and other items of special interest (in the case of restaurants--type of food served and prices).

Available from Sandra Schnur, 2255 Cruger Ave., Bronx 67, N. Y., at \$1.00 a copy.

#### REHABILITATION

1344. Krusen, Frank H. (Mayo Clinic, Rochester, Minn.)

Rehabilitation of the disabled. J. -Lancet. June, 1958. 78:6:282-283. Reprint.

The world problem of increasing chronic illness deserves as much, if not more, consideration than problems of acute illness which have had the major attention of physicians throughout the world. Dr. Krusen believes it may be much more humane to provide services to save disabled persons years of dependency than to save their lives. The modern team approach to rehabilitation of the disabled has developed rapidly in the United States and offers new hope to the seriously handicapped.

#### REHABILITATION--PERSONNEL

See 1327.

#### REHABILITATION--PROGRAMS

1345. Buxbaum, Joan (United Cerebral Palsy of New York City, 70 Fifth Ave., New York 11, N. Y.

Coordinating private and public rehabilitation services. Personnel and Guidance J. Oct., 1958. 37:2:139-141.

Interagency cooperation between the private non-profit rehabilitation agency and public agencies on the local, state, or national level providing similar services would result in a well-rounded program for the individual. Each type of agency has its particular function and advantages; the private, more specialized agency can offer more individual attention and a closer relationship between counselor and client. From her experience as supervisor of vocational guidance and placement in a private agency, the author suggests areas of cooperative activities and explains the role of the vocational counselor.

#### REHABILITATION--STUDY UNITS AND COURSES

1346. Florida. University. J. Hillis Miller Health Center.

Meeting service, training, and research needs for a comprehensive rehabilitation program in a university; a study conducted at the... Gainesville (The University, 1958?) 79 p.



#### REHABILITATION--STUDY UNITS AND COURSES (continued)

A report of a study begun in 1956 at the University of Florida and supported by a grant from the U. S. Office of Vocational Rehabilitation. Its purpose was to ascertain needs for professionally trained vocational rehabilitation personnel in Florida and neighboring states, the effectiveness of current training programs offered at the University, and how to initiate or expand training and research programs in rehabilitation at the University, especially in the J. Hillis Miller Health Center. Attended by a number of specialists in various fields related to rehabilitation, the three-day OVR conference, held in Jan., 1957, produced thoughtful and pertinent views on all aspects of professional training, on rehabilitation needs, and guide lines for the establishment and strengthening of training programs.

#### REHABILITATION--SURVEYS--INDIANA

1347. Indiana. State Board of Health (1330 W. Michigan St., Indianapolis 7, Ind.)

Measuring a community; a survey of rehabilitation services and facilities in Marion County, sponsored by the Indianapolis Medical Society, the Marion County Health and Welfare Council and the... May, 1955-February, 1957. Indianapolis, The Board, 1958. 46 p. tabs.

An interagency effort to determine rehabilitation needs and the services and facilities currently existing to meet them in Marion County, Indiana. Working committees were created to study needs in 6 major disease and disability categories; their reports and the resulting conclusions of the Marion County Rehabilitation Steering Committee are given. Tables present data on estimates of major handicapping diseases in the United States and Marion County, principal diagnosis by category of patients discharged from Indianapolis hospitals in 1955, the numbers served by various agencies, and requests for services, as well as agency services, cooperation, needs for improvement of physical facilities, and problems encountered while rendering services.

#### REHABILITATION CENTERS--MARYLAND

1348. Month. Bul., Maryland State Dept. of Health. Sept., 1958. 30:9.

Contents: Diagnostic and rehabilitation centers for handicapped children; recommendations of Committee studying facilities and services, Paul Harper. -Central evaluation clinic for handicapped children at the University of Maryland Hospital, Raymond L. Clemmens. -Diagnostic and evaluation center for handicapped children at the Johns Hopkins Hospital, Frederick Richardson.

Articles discuss the survey of facilities and services for handicapped children in Maryland, made by a Subcommittee of the Committee on Medical Care of the Maryland Planning Commission; recommendations for expansion of services, and two centers offering integrated service for multiply handicapped children. Administration of the centers is described.

This issue is available from Editor of Monthly Bulletin, Maryland State Dept. of Health, 2411 N. Charles St., Baltimore 18, Md.

#### REHABILITATION CENTERS--OHIO

1349. Ohio Valley Goodwill Industries Rehabilitation Center (General Offices, Court and Plum Sts., Cincinnati 2, Ohio)

A description of services. Cincinnati, The Center, 1958. 20 p.

Describes the development and physical facilities of a comprehensive rehabilitation program on a regional basis to the people of Southern Ohio, Northern Kentucky and Indiana through its Central and Branch units and Referral Centers throughout the areas. Administrative aspects and services are covered briefly.

#### RESPIRATION

1350. Opie, Lionel H.

Chest physiotherapy during intermittent positive-pressure respiration, by Lionel H. Opie and J. M. K. Spalding. Lancet, Sept. 27, 1958. 7048: 671-674.

Describes physical therapy technics found effective in removing secretions from the lungs of patients with respiratory paralysis; beneficial effects are due to the direct squeezing of the part of the lung beneath the therapist's hands and not to a general increase in the rate of expiratory flow. Intermittent positive-pressure respiration was first used in the treatment of poliomyelitis but has since been found useful in cases of acute polyneuritis, tetanus, barbiturate poisoning, myasthenia gravis, bronchitis with emphysema, and other conditions.

#### SCHOOL HYGIENE

See 1359.

#### SHELTERED WORKSHOPS--NEW YORK

1351. Altro Health and Rehabilitation Services (71 W. 47th St., New York 36, N. Y.)

Creative use of sheltered workshops in rehabilitation; report of an institute held for Regions I and II, Federal Office of Vocational Rehabilitation, under the auspices of... September 9 to 13, 1957. New York, The Services (1958). 47 p. Mimeo.

A report, in brief form, of a one-week institute held in September, 1957 and supported by a grant from the U. S. Office of Vocational Rehabilitation. Field visits and observations of eight sheltered workshops in the New York City area were made. Reported are: the various rehabilitation programs, physical settings, clients served, workshop financing and administration, products made, and professional philosophies.

#### SHELTERED WORKSHOPS--OHIO

See 1349.

#### SPEECH CORRECTION

See 1321.

## SPEECH CORRECTION--DIRECTORIES

### 1352. Downs, Marion P.

Hearing rehabilitation centers in the United States, by Marion P. Downs and Eva T. Carson. A.M.A. Arch. Otolaryngology. June, 1958. 67:6: 678-698. Reprint.

A comprehensive list of audiology and hearing rehabilitation centers in the United States, revised as of December, 1957 and made available to otolaryngologists so they may refer patients for competent hearing tests and educational rehabilitation. In addition to the state-by-state listing of centers, information is given on the professional status of personnel employed in each.

Available from Mrs. Eva T. Carson, Audiology Foundation, 33 Trumbull St., New Haven, Conn.

## SWIMMING

### 1353. Sterling, Barbara

Aquatics for the handicapped. New York, Hoffman-Harris, Inc., 1958. 20 p. illus.

Reprinted from: Swimming Pool Age. Oct., Nov., Dec., 1957 & Jan., Feb., 1958. 31:10, 11 & 12; 32:1 & 2. 5 pts.

Because of the many requests for reprints of this series of articles, Hoffman-Harris, Inc., publishers of Swimming Pool Age, have reprinted it in attractive form. (For annotation of the series, see Rehab. Lit., May, 1958, #557).

Available from Hoffman-Harris, Inc., 425 Fourth Ave., New York 16, N. Y., at \$1.50 a copy.

## UROLOGY

### 1354. Bunts, R. Carl (Urology Dept., McGuire V. A. Hosp., Richmond, Va.)

Management of urological complications in 1,000 paraplegics. Trans., Am. Assn. Genito-Urinary Surg. 1957. 49:184-192. Reprint.

A study of the incidence and surgical management of genitourinary tract complications in 1,000 paraplegics under care at the Veterans Administration Hospital, Richmond, Va., for the past 11 years. Its purpose was to evaluate the effectiveness of the particular methods of treatment in bringing about a decrease in the number and severity of such complications. A tabulation is made of the number and types of surgical procedures performed and their results. Urologic surgical procedures were withstood by paraplegic patients unusually well; only 2 postoperative deaths occurred following 723 operative procedures.

### 1355. Bunts, R. Carl (Urology Dept., McGuire V. A. Hosp., Richmond, Va.)

Vesicoureteral reflux in paraplegic patients. Trans., Am. Assn. Genito-Urinary Surg. 1957. 49:199-202. Reprint.

In the author's experience with 1,000 paraplegics treated over an 11-year period at McGuire V. A. Hospital, vesicoureteral reflux appears to be the most formidable of all urinary tract complications. Controversy over the etiology of the mechanism of development of reflux in the paraplegic is considered. Reasons for failure to agree with previously stated theories are

#### UROLOGY (continued)

mentioned. In the author's opinion, vesicoureteral reflux in the paraplegic is the result of anatomical changes in or near the intramural ureter produced by factors which cause sustained hypertonicity of the bladder, probably due in these patients to the continuous bombardment of the bladder by impulses originating from the isolated sacral reflex centers.

1356. Prather, George C. (1180 Beacon St., Brookline 46, Mass.)

Spinal cord injury; early urological treatment. Trans., Am. Assn. Genito-Urinary Surg. 1957. 49:173-176. Reprint.

Presents a brief outline for the care of the urinary tract during the early stages of recovery following spinal cord injury. Objectives of early care are the prevention of urinary tract complications and the facilitation of maximum physiologic recovery. Procedures of a practical program of care are discussed briefly.

1357. Talbot, Herbert S. (V. A. Hospital, West Roxbury 32, Mass.)

The management of the spastic bladder in paraplegia. J. Urology. Apr., 1958. 79:4:759-766. Reprint.

Functional and structural characteristics of the spastic bladder in paraplegics, neurogenic factors responsible for spasticity, and factors other than the neurogenic which contribute to problems of management in these cases are discussed. It is noted that functional disorder provokes secondary structural alteration which may, in turn, lead to a further element of dysfunction. Management is concerned with the prevention or correction of structural changes, elimination of secondary and extraneous contributing elements, and reconditioning of the reflex activity of the bladder. If correction of neurogenic dysfunction by these means is unsatisfactory, neural activity may be modified by appropriate nerve block or surgical interruption.

#### VOCATIONAL EDUCATION

See 1283.

#### VOCATIONAL GUIDANCE

1358. Kissin, Gerald (N. Y. State Dept. of Mental Hygiene, 105 Schermerhorn St., Brooklyn, N. Y.)

A new dichotomy in rehabilitation. Voc. Guidance Quart. Autumn, 1958. 7:1:43-45.

Public reaction to and acceptance of persons with visible and invisible disabilities differ in many respects, especially when their placement in employment is in question. The author believes that counseling problems and social acceptance of the disabled would be more easily solved if these differences were recognized. The concept has implications for vocational counseling and placement.

See also 1300; 1331.



## VOLUNTARY HEALTH AGENCIES

1359. Boatman, Ralph H. (Tuberculosis Institute of Chicago and Cook County, Chicago 7, Ill.)

The contribution of voluntary agencies to school health. J. School Health. Oct., 1958. 28:8:261-267.

A discussion of the contributions of two major volunteer groups--the National Congress of Parents and Teachers (PTA) and voluntary health organizations--to progress in school health services. The school health program must involve total community and family living; such an objective requires help from many professional disciplines and public understanding. Acute shortages of trained health specialists point up the need for using every available community resource, including voluntary organizations.

## WALKING

See 1282; 1288.

## New Books Reviewed

1360. Chao, Dora Hsi-Chih

Convulsive disorders of children, by Dora Hsi-Chih Chao, Ralph Druckman, and Peter Kellaway. Philadelphia, W. B. Saunders Co., 1958. 151 p. figs., tab.

A revised manual on convulsive disorders, originally prepared for the use of resident physicians at the Blue Bird Circle Children's Clinic, Houston, and based on data gathered at the Clinic since 1949. It offers a concise but simple review of the diagnosis, treatment and management of epileptic seizures and those caused by conditions related to or confused with epilepsy. A very brief chapter on epilepsy in adults is included. An explanation of electroencephalographic technics and their role in the diagnosis and management of seizures is given in some detail. A table on the use of 15 drugs in current use for controlling seizures is appended.

Available from W. B. Saunders, W. Washington Square, Philadelphia 4, Pa., at \$6.00 a copy.

1361. Sakel, Manfred

Epilepsy, by Manfred Sakel; with a preface by Otto Poetzl. New York, Philosophical Library, c1958. 204p.

Well known for his revolutionary discovery of insulin "shock" therapy, the author in his later years again became interested in the management of epilepsy. His theories on the mechanism of the disease and its treatment are discussed and illustrated with much original case material. The particular theory on implanting endocrine glands as a therapeutic approach to idiopathic epilepsy is especially interesting and provocative. The book, representing Dr. Sakel's final contribution to medical literature, is being published posthumously. The original manuscript has not been altered but was annotated and brought up to date under the guidance of several neurologists and psychiatrists.

Available from Philosophical Library, Inc., 15 E. 40th St., New York 16, N. Y., at \$5.00 a copy.

## OLD AGE--RECREATION

1362. Hedges, Sid G.

Fun for the not-so-young. New York, Philosophical Library, 1958.  
142 p. illus.

The author of "Games for the not-so-young" (see Rehab. Lit., March, 1957, #434) now offers a companion book for the older person which is full of recreational ideas and activities not falling within the specific category of "games." He demonstrates how those over-50, or even over-80, can find fun in its widest sense through "things-to-do" alone, in company with another, or in larger groups. Although some of the English expressions may be confusing, the ideas could well be adapted to recreation for the handicapped or homebound.

Available from Philosophical Library, Inc., 15 E. 40th St., New York 16, N. Y., at \$3.75 a copy.

## PSYCHOLOGY

1363. Community Studies, Kansas City

Psychological aspects of rehabilitation; initial status studies, by Louis E. Masterman. Kansas City, Community Studies, 1958. 130 p. tabs, Mimeo. Spiral binding.

The first of several reports to be issued by Community Studies on the psychologic aspects of physical disability, chronic illness, and rehabilitation as studied in the Kansas City Rehabilitation Experiment. The current report is concerned with the psychologic status of disabled persons prior to entering into a comprehensive, multidiscipline rehabilitation program. A group of 250 patients selected by the rehabilitation team because of their potential for successful rehabilitation were subjects of the study. This is a detailed account of methods of testing and the findings which were reported in an article in the Journal of Rehabilitation, July-Aug., 1958 (see Rehab. Lit., Nov., 1958, #1251).

Available from Community Studies, Inc., 417 E. 13th St., Kansas City, Mo.





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